

TOWN OF NEWMARKET, N.H. – ALARM USER PERMIT APPLICATION
\$10.00 (checks or money orders only please)

Name: _____ Date: _____

Street Address: _____ Mailing address _____

Home Telephone: _____ Work Telephone: _____

Spouse Name: _____ Spouse Work Phone: _____

Alarm Co. Installing Equipment: _____ Alarm Co. Maintaining Equipment: _____

Address: _____

Telephone: _____

PERSONS to be contacted in case of emergency (please list at least 2 people, other than alarm company personnel, who are in the area and able to respond to your home, if necessary.):

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Type of alarm system (check all applicable):

Office use only

Approved Fire Chief

Approved Police Chief

Approved Building Official

Effective Date

☐ Burglary ☐ Robbery ☐ Fire ☐ Rescue ☐ Panic

☐ Other (please specify): _____

☐ Perimeter ☐ Contacts ☐ Mats ☐ Ultrasonic ☐ Microwave

☐ Passive Infrared ☐ Photoelectric ☐ Smoke Detectors ☐ Heat Detectors

☐ Sprinkler System ☐ Other (please specify): _____

Alarm Termination Point (check all applicable):

☐ Direct connect to Newmarket Dispatch

☐ To Rockingham Dispatch

☐ Local audible

☐ Other: _____